



AGENDA AND REPORTS

JULY 20, 2022

1:30 PM

Join Zoom Meeting

<https://permainc.zoom.us/j/7737417209>

Meeting ID: 773 741 7209

Dial by your location

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

Meeting ID: 773 741 7209

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Governor Murphy declared both a Public Health Emergency and State of Emergency in New Jersey by Executive Order Number 103 dated March 9, 2020. On June 4, 2021 by Executive Order Number 244, the Public Health Emergency was terminated but the State of Emergency continues in force. During a period declared as a State of Emergency local public bodies may conduct Remote Public Meetings by use of electronic communications technology

Adequate Notice and Electronic Notice of this meeting was given by:

1. Sending advance written notice to The Asbury Park Press
2. Filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality.
3. Sending advance electronic mail notice of this meeting to the Clerk/ Administrator of each member municipality.
4. Posting electronic notice of this meeting on the Fund's website which notice provided the time, date and instructions for: (i) access to the Remote Public Meeting, (ii) how to provide public comment and (iii) how to access the agenda.
5. Posting a copy of the meeting notice on the public bulletin board of all member municipalities.
6. During the business session portion of this Remote Public Meeting the audio of all members of the public attending the meeting will be muted. At the end of the business session of the meeting, a time for public comment will be available. Members of the public who desire to provide comment shall raise their virtual hand in the Zoom application and/or submit a written comment via the text message section of the application. The meeting moderator will queue the members of the public that wish to provide comment and the Chairperson will recognize them in order. Public comment shall be concise and to the point and shall not contain abusive, defamatory, or obscene language.

CENTRAL JERSEY HEALTH INSURANCE FUND
AGENDA MEETING: JULY 20, 2022
1:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF 2022 EXECUTIVE COMMITTEE

Thomas Nolan , Chair – Borough of Brielle
Brian Brach, Secretary– Manasquan RRSA
Diane Lapp, Executive Committee – Township of Manchester
Donato Nieman, Executive Committee – Montgomery Township
Brian Valentino, Executive Committee– Western Monmouth MUA
Brian Dempsey, Executive Committee – Spring Lake Borough
Peter O'Reilly, Executive Committee – Borough of Lakewood
Louis Amoruso, Executive Committee Alternate – Toms River
Angela Morin, Executive Committee Alternate - Aberdeen

APPROVAL OF MINUTES: May 18, 2022 Open: Appendix I

CORRESPONDENCE – None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER– (Conner Strong & Buckelew)

Monthly Report.....Page 8

TREASURER – (Stephen Mayer)

June and July 2022 Voucher List (Confirmation of Payment)Page 13

Resolution 21-22.....Page 16

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY – (John C. Sahradnik, Esq.)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)

Monthly Report.....Page 19

NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)

Monthly Report.....Page 28

PRESCRIPTION ADMINISTRATOR – (Express Scripts)

Monthly Report..... Page 35

DENTAL ADMINISTRATOR – (Delta Dental)

Monthly ReportPage n/a

CONSENT AGENDA..... Page 37

Resolution 21-22: Approval of the June and July 2022 Bills ListsPage 38

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES
PERSONNEL - CLAIMS - LITIGATION

MEETING ADJOURNED

Central Jersey Health Insurance Fund

Executive Director's Report

July 20, 2022

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of April 30, 2022 & May 31, 2022 (page 2)

NO SURPRISES ACT (NSA)

The No Surprises Act requires certain involuntary out of network providers/claims be processed and paid at a “qualified payment amount” (QPA). The QPA is the average in network contracted amount for the provided service(s) in the provider’s geographical region. Aetna has provided an impact report showing the Fund’s last 3 years of NSA eligible Out of Network claims.

Included in the analysis is a \$50 per claim processing charge for Aetna. Overall, if the QPA amount is accepted by the out of network providers, the Fund would be saving money.

The analysis is included on page 7 of the agenda.

MRHIF MEETING

The MRHIF met on June 9 primarily to approve the 2021 Fund Audit. There were no findings or recommendations, and the audit will be filed with the State on time. In addition, the Committee approved a contract to Northshore for the Excess Claims Management and a random claim sampling of our Delta Dental experience. We expect this audit to be complete by the end of the year.

Lastly, RFPs were released for a QPA to handle Requests for Proposals for all Funds, a data warehouse provider, and the Fund Professional Service Contracts. A report will be provided after the results are reviewed in September.

PCORI FEE

The Fund will continue to pay this fee on behalf of the members in July.

FINANCIAL FAST TRACK REPORT

AS OF	April 30, 2022
--------------	-----------------------

**THIS
MONTH**

YTD
CHANGE

**PRIOR
YEAR END**

**FUND
BALANCE**

1.	UNDERWRITING INCOME		4,899,473	19,604,979	785,787,690	805,392,670
2.	CLAIM EXPENSES					
		Paid Claims	3,891,469	15,699,562	639,763,444	655,463,006
		IBNR	124,644	1,458,131	3,008,029	4,466,160
		Less Specific Excess	-	(673,148)	(18,112,375)	(18,785,523)
		Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
	TOTAL CLAIMS		4,016,114	16,484,545	623,659,098	640,143,643
3.	EXPENSES					
		MA & HMO Premiums	306,372	1,053,151	20,626,983	21,680,134
		Excess Premiums	170,911	684,721	36,745,239	37,429,960
		Administrative	317,333	1,243,451	45,561,334	46,804,786
	TOTAL EXPENSES		794,615	2,981,324	102,933,556	105,914,879
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		88,744	139,111	59,195,036	59,334,147
5.	INVESTMENT INCOME		(83,605)	(138,350)	3,742,437	3,604,087
6.	DIVIDEND INCOME		0	0	7,899,929	7,899,929
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		5,139	761	70,837,402	70,838,163
8.	DIVIDEND		5,336	5,336	55,302,477	55,307,813
9.	Transferred Surplus		0	0	0	0
STATUTORY SURPLUS (7-8+9)			(197)	(4,575)	15,534,925	15,530,350
SURPLUS (DEFICITS) BY FUND YEAR						
	Closed	Surplus	(39,031)	(51,248)	5,502,274	5,451,026
		Cash	(1,321,011)	(1,342,364)	6,794,515	5,452,152
	2020	Surplus	(26,103)	(76,551)	3,015,566	2,939,014
		Cash	(26,133)	459,348	2,479,343	2,938,692
	2021	Surplus	105,734	(1,878,095)	1,704,080	(174,016)
		Cash	19,364	(1,660,933)	1,984,695	323,762
	LAKEWOOD	Surplus	51,086	1,501,860	5,313,006	6,814,866
		Cash	53,437	1,352,577	5,103,915	6,456,492
	2022	Surplus	(91,882)	499,460		499,460
		Cash	2,676,634	1,740,712		1,740,712
TOTAL SURPLUS (DEFICITS)			(197)	(4,575)	15,534,925	15,530,350
TOTAL CASH			1,402,291	549,341	16,362,469	16,911,809
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			2,590	(6,942)	518,003,530	517,996,588
FUND YEAR 2020						
		Paid Claims	12,432	54,356	24,303,459	24,357,815
		IBNR	-	0	0	0
		Less Specific Excess	-	0	(737,863)	(737,863)
		Less Aggregate Excess	-	0	0	0
TOTAL FY 2020 CLAIMS			12,432	54,356	23,565,596	23,619,953
FUND YEAR 2021						
		Paid Claims	(22,255)	3,449,141	22,407,794	25,856,936
		IBNR	(91,681)	(1,492,684)	1,747,542	254,858
		Less Specific Excess	0	(65,813)	0	(65,813)
		Less Aggregate Excess	0	0	0	0
TOTAL FY 2021 CLAIMS			(113,936)	1,890,644	24,155,336	26,045,981
LAKEWOOD						
		Paid Claims	933,531	3,648,278	59,285,578	62,933,856
		IBNR	2,417	(516,451)	1,260,486	744,035
		Less Specific Excess	0	(607,335)	(2,611,431)	(3,218,766)
		Less Aggregate Excess	0	0	0	0
TOTAL LAKEWOOD CLAIMS			935,948	2,524,491	57,934,634	60,459,125
FUND YEAR 2022						
		Paid Claims	2,965,171	8,554,729		8,554,729
		IBNR	213,908	3,467,267		3,467,267
		Less Specific Excess	0	0		0
		Less Aggregate Excess	0	0		0
TOTAL FY 2022 CLAIMS			3,179,079	12,021,996		12,021,996
COMBINED TOTAL CLAIMS			4,016,114	16,484,545	623,659,097	640,143,642

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

CENTRAL JERSEY HEALTH INSURANCE FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	May 31, 2022		
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		4,938,899	24,543,879	785,787,690	810,331,569
2.	CLAIM EXPENSES					
		Paid Claims	3,134,331	18,833,893	639,763,444	658,597,337
		IBNR	(50,685)	1,407,446	3,008,029	4,415,475
		Less Specific Excess	-	(673,148)	(18,112,375)	(18,785,523)
		Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
	TOTAL CLAIMS		3,083,646	19,568,191	623,659,098	643,227,289
3.	EXPENSES					
		MA & HMO Premiums	312,345	1,365,496	20,626,983	21,992,479
		Excess Premiums	170,810	855,531	36,745,239	37,600,770
		Administrative	339,546	1,582,997	45,561,334	47,144,332
	TOTAL EXPENSES		822,701	3,804,025	102,933,556	106,737,580
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		1,032,552	1,171,663	59,195,036	60,366,700
5.	INVESTMENT INCOME		27,444	(110,906)	3,742,437	3,631,530
6.	DIVIDEND INCOME		0	0	7,899,929	7,899,929
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		1,059,996	1,060,757	70,837,402	71,898,159
8.	DIVIDEND		2,800,000	2,805,336	55,302,477	58,107,813
9.	Transferred Surplus		0	0	0	0
STATUTORY SURPLUS (7-8+9)			(1,740,004)	(1,744,579)	15,534,925	13,790,346
SURPLUS (DEFICITS) BY FUND YEAR						
	Closed	Surplus	2,504	(48,744)	5,502,274	5,453,530
		Cash	2,333	(1,340,030)	6,794,515	5,454,485
	2020	Surplus	(27,643)	(104,194)	3,015,566	2,911,372
		Cash	(27,776)	431,572	2,479,343	2,910,915
	2021	Surplus	563,270	(1,314,826)	1,704,080	389,254
		Cash	506,310	(1,154,622)	1,984,695	830,073
	LAKEWOOD	Surplus	(2,681,224)	(1,179,364)	5,313,006	4,133,642
		Cash	(2,685,333)	(1,332,756)	5,103,915	3,771,159
	2022	Surplus	403,089	902,549		902,549
		Cash	(622,710)	1,118,001		1,118,001
TOTAL SURPLUS (DEFICITS)			(1,740,004)	(1,744,579)	15,534,925	13,790,346
TOTAL CASH			(2,827,176)	(2,277,836)	16,362,469	14,084,633
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			5,276	(1,666)	518,003,530	518,001,865
FUND YEAR 2020						
		Paid Claims	31,733	86,089	24,303,459	24,389,548
		IBNR	-	0	0	0
		Less Specific Excess	-	0	(737,863)	(737,863)
		Less Aggregate Excess	-	0	0	0
TOTAL FY 2020 CLAIMS			31,733	86,089	23,565,596	23,651,685
FUND YEAR 2021						
		Paid Claims	(514,185)	2,934,956	22,407,794	25,342,751
		IBNR	(46,873)	(1,539,557)	1,747,542	207,985
		Less Specific Excess	0	(65,813)	0	(65,813)
		Less Aggregate Excess	0	0	0	0
TOTAL FY 2021 CLAIMS			(561,058)	1,329,586	24,155,336	25,484,923
LAKEWOOD						
		Paid Claims	900,265	4,548,543	59,285,578	63,834,121
		IBNR	(3,812)	(520,264)	1,260,486	740,223
		Less Specific Excess	0	(607,335)	(2,611,431)	(3,218,766)
		Less Aggregate Excess	0	0	0	0
TOTAL LAKEWOOD CLAIMS			896,453	3,420,945	57,934,634	61,355,578
FUND YEAR 2022						
		Paid Claims	2,711,242	11,265,970		11,265,970
		IBNR	0	3,467,267		3,467,267
		Less Specific Excess	0	0		0
		Less Aggregate Excess	0	0		0
TOTAL FY 2022 CLAIMS			2,711,242	14,733,237		14,733,237
COMBINED TOTAL CLAIMS			3,083,646	19,568,191	623,659,097	643,227,288
This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.						

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

CENTRAL JERSEY REGIONAL EMPLOYEE BENEFITS FUND RATIOS

Central Jersey Health Insurance Fund							
RATIOS							
		FY20					
INDICES	2021	JAN	FEB	MAR	APR	MAY	JUN
Cash Position	16,362,469	\$ 13,664,487	\$ 12,439,444	\$ 15,509,519	\$ 16,911,809	\$ 14,084,633	
IBNR	3,008,029	\$ 3,126,142	\$ 4,060,595	\$ 4,341,516	\$ 4,466,160	\$ 4,415,475	
Assets	20,000,252	\$ 20,559,268	\$ 20,958,736	\$ 21,340,307	\$ 20,198,377	\$ 18,413,286	
Liabilities	4,465,332	\$ 4,592,681	\$ 5,540,627	\$ 5,809,765	\$ 4,668,032	\$ 4,622,945	
Surplus	15,534,920	\$ 15,966,587	\$ 15,418,109	\$ 15,530,542	\$ 15,530,345	\$ 13,790,341	
Claims Paid -- Month	3,420,707	\$ 3,636,789	\$ 3,787,821	\$ 4,387,116	\$ 3,892,667	\$ 3,135,540	
Claims Budget -- Month	3,093,328	\$ 4,181,175	\$ 4,183,693	\$ 4,176,567	\$ 4,180,248	\$ 4,130,574	
Claims Paid -- YTD	35,783,579	\$ 3,636,789	\$ 7,424,610	\$ 11,811,726	\$ 15,704,393	\$ 18,839,933	
Claims Budget -- YTD	37,503,547	\$ 4,181,175	\$ 8,364,868	\$ 12,541,435	\$ 16,721,683	\$ 20,852,257	
RATIOS							
Cash Position to Claims Paid	4.78	3.76	3.28	3.54	4.34	4.49	
Claims Paid to Claims Budget -- Month	1.11	0.87	\$ 0.91	1.05	0.93	0.76	
Claims Paid to Claims Budget -- YTD	0.95	0.87	0.89	0.94	0.94	0.9	
Cash Position to IBNR	5.44	4.37	3.06	3.57	3.79	3.19	
Assets to Liabilities	4.48	4.48	3.78	3.67	4.33	3.98	
Surplus as Months of Claims	5.02	3.82	3.69	3.72	3.72	3.34	
IBNR to Claims Budget -- Month	0.97	0.75	0.97	1.04	1.07	1.07	

Central Jersey Health Insurance Fund
2022 Budget Report
as of May 31, 2022

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Claims AmeriHealth 12/31 Renewal	15,245	26,946	34,607			
Medical Claims AmeriHealth 6/30 Renewal	133,106	316,754	320,509			
Medical Claims Aetna 12/31 Renewal	12,716,937	30,327,684	18,101,481			
Medical Claims Aetna 6/30 Renewal	195,476	469,016	404,913			
Subtotal Medical Claims	13,060,764	31,140,400	18,861,510	11,937,150	1,134,342	9%
Prescription Claims 12/31 Renewal	2,885,608	6,922,122	6,938,420			
Prescription Claims 6/30 Renewal	85,598	204,417	191,761			
Less Rx Rebates	(891,361)	(2,137,963)	(3,075,321)			
Subtotal Prescription Claims	2,079,845	4,988,576	4,054,860	2,135,081	(55,236)	-3%
Dental Claims 12/31 Renewal	721,631	1,727,086	1,732,189			
Dental Claims 6/30 Renewal	9,016	21,374	22,513			
Subtotal Dental Claims	730,647	1,748,460	1,754,702	661,006	69,641	10%
Vision Claims	10,728	26,156	25,222	Included in Medical Claims		
Lakewood SIR Claims						
Medical	3,677,797	8,769,902	8,897,203	2,287,777	1,390,020	38%
Prescription	1,292,476	3,079,428	3,120,890	1,133,168	159,308	12%
Subtotal Claims	20,852,257	49,752,922	36,714,387	18,154,182	2,698,075	13%
Medicare Advantage / EGWP	1,272,226	3,145,372	1,651,748	1,351,272	160,573	11%
Medicare Advantage - Rx	239,619	584,733	555,576	Included in Medicare Advantage / EGWP		
DMO Premiums	16,373	38,341	39,375	14,224	2,149	13%
Reinsurance						
Specific	443,638	1,061,943	708,768			
Lakewood - ICH	410,101	978,705	1,172,999			
Subtotal Reinsurance	853,739	2,040,648	1,881,767	855,531	(1,792)	0%
Loss Fund Contingency	159,143	381,943	381,943	0	159,143	100%
Total Loss Fund	23,393,356	55,943,959	41,224,796	20,375,209	3,018,147	13%
Expenses						
Legal	15,179	36,430	36,430	15,180	(1)	0%
Treasurer	5,208	12,500	12,500	5,208	-	0%
Administrator	211,617	509,436	406,453	211,980	(363)	0%
Program Manager	787,176	1,898,168	1,329,542	822,956	(29,530)	-4%
Actuary	6,792	16,300	16,300	4,075	2,717	40%
Auditor	8,333	20,000	20,000	8,334	(1)	0%
TPA - Aetna	432,155	1,034,039	762,307	437,980	(1,867)	0%
TPA - AmeriHealth	3,958	9,272	10,403	Included above in TPA - Aetna		
Plan Documents	6,250	15,000	15,000	Included in Program Manager		
Dental TPA	32,944	78,977	78,250	32,960	(16)	0%
Wellness	52,083	125,000	125,000	52,084	(1)	0%
Affordable Care Act	5,321	12,729	9,427	5,326	(5)	0%
A4 Retiree Surcharge	7,064	16,893	15,592	6,041	1,023	14%
Misc/Cont	8,827	21,185	21,185	3,804	5,023	57%
Total Expenses	1,582,909	3,805,930	2,858,389	1,605,928	(23,019)	-1%
Total Budget	24,976,265	59,749,888	44,083,185	21,981,137	2,995,128	12%

CENTRAL JERSEY HEALTH INSURANCE FUND
PSU ID (31714)

Out of Network (OON) No Surprises Act Savings Estimates

*Savings are shown on an Allowed claim basis**

Date of Service Period	2019	2020	2021
Average Monthly Employees	1,111	1,629	1,638
Average Monthly Members	2,840	4,053	4,026
Total Allowed Claims (In and Out of Network)	\$17,204,992	\$26,616,529	\$28,919,151
Total OON Allowed Claims	\$2,869,774	\$3,369,852	\$3,550,547
<u>Claim Impacts:</u>			
Estimated Claim Change from NSA**	(\$314,000)	(\$211,000)	\$48,000
NSA Eligible Claim Counts	500	400	200
Estimated Percent Change on OON Claims	-10.9%	-6.3%	1.4%
Estimated Percent Change on Total Allowed Claims	-1.8%	-0.8%	0.2%
<u>Fee Impacts:</u>			
NAP Fee Change***	(\$16,000)	(\$7,000)	(\$13,000)
NSA Per Claim Fees****	\$25,000	\$20,000	\$10,000
Net Fee Impact	\$9,000	\$13,000	(\$3,000)
Net Combined Impact	(\$305,000)	(\$198,000)	\$45,000

- * Estimated savings are based on Allowed claims, which reflect Member + Employer combined costs.
- ** All of the estimates provided in this document are illustrative only and subject to change based on changes in law and the results of the independent dispute resolution process.
The estimates are no guarantees of actual results.
- *** Estimates are gross and do not reflect a NAP Cap
- **** Based on a per claim fee of \$50

Allowed claims incurred 01/01/2019 - 12/31/2021, paid through 3/31/2022.

Average monthly enrollment for the time period 01/01/2019 - 12/31/2021.

Estimated savings are rounded to the nearest \$1,000.

REGULATORY
CENTRAL JERSEY HEALTH INSURANCE FUND
YEAR: 2022 AS OF July 8, 2022

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	12/31/2021 Filed
Annual Audit	12/31/2021 Filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

CENTRAL JERSEY REGIONAL HEALTH INSURANCE FUND

Program Manager

July 2022

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: cjhifenrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. To contact the team, email cjhifenrollments@permainc.com or fax to 856-552-2175.

COVERAGE UPDATES:

Covid-19 Oral Prescriptions:

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications is to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

- 1- *Pfizer- Paxlovid*
- 2- *Merck- Molnupiravir*

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
 - Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
 - Member - \$0 copay
 - Program Fee- \$2.50 per prescription
 - Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
 - Addition of medications to covered Formulary
 - Member educational pieces (included in agenda)
 - Quantity Limit – 1 course of treatment every 180 days

Covid-19 Oral Prescriptions UPDATE:

Funding from the government for COVID-19 oral medications may end in July. ESI plans to provide groups with a 30-day notice when they receive notice of the funding ending. Currently, members who fill one of the prescriptions through ESI are charged a copay. The HIFs has not opted in to change the member cost share to \$0 as there is minimal overall usage of the drug. Since January 2022 when the drugs became available, Central Jersey HIF had 7 members fill a script, totaling \$72.20 in member cost and \$11.80 in plan costs.

Once the government funding has ended the plan cost will apply when a prescription is filled:

- Up to \$12 dispensing fee per prescription; plan pays the balance after member's responsibility
 - If member is in a Long-Term Care (LTC) facility, plan pays \$2.40 (\$12 dispensing fee/5 days) per day per prescription.
- \$2.50 per prescription Program Fee

EXPRESS-SCRIPTS UPDATE

Effective July 1, 2022, ESI will begin to cover Dengvaxia vaccine for children ages 9-17 years of age. The vaccine is to prevent Dengue (virus transmitted through the bite of infected mosquitoes). The cost is \$0 to members. The vaccine cannot be administered at a provider's office, it must be administered at a participating pharmacy. The vaccine is not covered through the HIFs medical plans.

CMS Annual Open Enrollment period for the 2023 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2023 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 19th and September 26th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year for each HIF in preparation of the mailing.

OPERATIONAL UPDATES:

2021 PCORI Fees – Due August 1, 2022

Form 720 Reporting – Plan sponsors of applicable self-insured health plans are responsible for reporting and paying the PCORI annual fee by filing Form 720, Quarterly Federal Excise Tax Return. The Form 720 will be due on July 31 of the year following the last day of the plan year.

The HIFs will handle the submission of the form and payment for all groups with medical coverage in the HIFs.

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through July 15, 2022. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period
2. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Reporting has been requested for those groups that have ESI pharmacy through the HIF, updates will be shared at the next meeting.

Coverage Highlights:

- Date- Starting on January 15, 2022, going forward
- Network - the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per taste
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have four (4) kits mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll-free number available to requests tests, 800-232-0233 (TTY 888-720-7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

The 3rd round of free at-home tests are now available, each household is eligible to receive 8 tests which will come in 2 separate packages (4 tests in each package).

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.

ESI Highlights (cont'd):

- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

3. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

Mental Health Parity and Addiction Equity Act (MHPAE)

In December of 2020 Congress passed in to Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund’s next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

No Surprise Billing and Transparency – Continued Delays

UPDATE

Medical carriers will provide the HIF with a unique URL/hyperlink to post to the HIF’s main public website. The URL/hyperlink is required to be posted by July 1, 2022. The link will automatically refresh each month with any updated information. The Program Manager recommends all groups link their website to the HIF’s public website, <https://hifundnj.com/>, there will not be a link sent to the groups. By doing so, this will satisfy the group’s obligation for this requirement. The Program Manager sent communication on June 14th to all brokers to share with their groups.

Aetna:

To comply with the No Surprise Billing and Transparency Act requirement as it relates to carrier ID cards. Aetna ID cards are being updated for the HIFs and notices are beginning to go out to members advising them they can get a new digital ID card with the updated information. This does not impact their current card and/or their ID number, current plan, or benefits. There will not be a mass release of new ID cards. Once a group is updated any new members and/or members with changes that warrant a new ID card; adding of spouse/dependent etc., will receive a new ID card with the updated required information sent to their home.

Aetna is expected to have all HIF groups completed by the end of June. Once a group has been updated in Aetna's system the below notification will be sent to members. The Program Manager team sent notifications to broker to share with their groups on June 3, 2022, including a sample email to members.

****Please note this requirement only applies to Commercial medical plans not Medicare Advantage.**

The Health Insurance Funds, including Central Jersey protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Central Jersey HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
05/02/22	Medical/Aetna	CJ-2022-05-01	Experimental	Overtured	5/18/22
6/30/22	Medical/Aetna	CJ-2022-06-01	Medical Necessity	Denied	3/18/22

IRO Submissions: None

6/30/22	Medical/Aetna	CJ-2022-06-01	Medical Necessity	Pending	Pending
---------	---------------	---------------	-------------------	---------	---------

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

JUNE 2022

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2021

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002055			
002055	MERCADIEN, PC	FINAL STATEMENT AUDIT AS OF 12.31.21	10,000.00
			10,000.00
		Total Payments FY 2021	10,000.00

FUND YEAR 2022

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002056			
002056	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 6/22	312,772.88
			312,772.88
002057			
002057	Flagship Health System	MONTGOMERY 6/22	786.19
002057	Flagship Health System	CITY OF ASBURY 6/22	462.98
			1,249.17
002058			
002058	DELTACARE USA	CITY OF ASBURY PARK 6/22	1,860.56
			1,860.56
002059			
002059	AETNA LIFE INSURANCE COMPANY	VISION 6/22	124.67
002059	AETNA LIFE INSURANCE COMPANY	MEDICAL 6/22	83,998.88
			84,123.55
002060			
002060	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 6/22	-26.25
002060	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 6/22	817.78
			791.53
002061			
002061	PAYFLEX	OCEANPORT 6/22	111.00
002061	PAYFLEX	OCEANPORT 5/22	111.00
002061	PAYFLEX	MRRSA 5/22	18.00
002061	PAYFLEX	MRRSA 6/22	18.00
			258.00
002062			
002062	DELTA DENTAL OF NEW JERSEY INC	DENTAL 6/22	6,573.84
			6,573.84
002063			
002063	PERMA RISK MANAGEMENT SERVICES	POSTAGE 5/22	97.40
002063	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 6/22	41,980.59
			42,077.99
002064			
002064	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 3RD QTR 2022	4,075.00
002064	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 1ST QTR 2022	4,075.00
			8,150.00

002065			
002065	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 6/22	3,036.00
			3,036.00
002066			
002066	STEPHEN MAYER	TREASURER FEE 6/22	1,041.67
			1,041.67
002067			
002067	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 6/22	1,250.00
002067	CONNER STRONG & BUCKELEW	NEW MEMBER COMM 6/22	67,552.07
002067	CONNER STRONG & BUCKELEW	PROGRAM MANAGER 6/22	81,262.04
002067	CONNER STRONG & BUCKELEW	DENTAL 6/22	585.82
002067	CONNER STRONG & BUCKELEW	FUND COORD 6/22	5,261.03
002067	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 6/22	1,925.56
			157,836.52
002068			
002068	ACCESS	ACCT#420 - ARC & STOR - 4/22	8.52
002068	ACCESS	ACCT#420 - ARC & STOR - 4/22	62.57
			71.09
002069			
002069	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 6/22	85,992.61
			85,992.61
002070			
002070	WESTPORT INSURANCE CORP	SPECIFIC - SINGLE 6/22	12,469.58
002070	WESTPORT INSURANCE CORP	AGGREGATE 6/22	3,187.68
002070	WESTPORT INSURANCE CORP	SPECIFIC - FAMILY 6/22	66,127.80
			81,785.06
		Total Payments FY 2022	787,620.47
		TOTAL PAYMENTS ALL FUND YEARS	797,620.47

Chairperson

Attest:

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Dated: _____

Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

JULY 2022

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2022

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002071			
002071	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 7/22	321,277.39
			321,277.39
002072			
002072	Flagship Health System	MONTGOMERY 7/22	741.13
002072	Flagship Health System	CITY OF ASBURY 7/22	462.98
			1,204.11
002073			
002073	DELTACARE USA	CITY OF ASBURY PARK 7/22	1,860.56
			1,860.56
002074			
002074	AETNA LIFE INSURANCE COMPANY	VISION TPA 7/22	123.76
002074	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 7/22	86,025.88
			86,149.64
002075			
002075	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 7/22	-25.00
002075	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 7/22	778.85
			753.85
002076			
002076	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 7/22	6,573.84
			6,573.84
002077			
002077	PERMA RISK MANAGEMENT SERVICES	POSTAGE 6/22	613.30
002077	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 7/22	42,660.91
			43,274.21
002078			
002078	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 7/22	3,036.00
			3,036.00
002079			
002079	STEPHEN MA YER	TREASURER FEE 7/22	1,041.67
			1,041.67
002080			
002080	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 7/22	68,630.99
002080	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 7/22	1,970.64
002080	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 7/22	1,250.00
002080	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 7/22	82,892.11
002080	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 7/22	553.12
002080	CONNER STRONG & BUCKELEW	FUND COORDINATOR 7/22	5,074.26
			160,371.12
002081			
002081	ACCESS	ACCT #420 - ARC. AND STOR. - 5.31.22	65.92
002081	ACCESS	ACCT #420 - ARC. AND STOR. - 5.31.22	8.81
002081	ACCESS	ACCT #420 - ARC. AND STOR. - 5.31.22	9.16
002081	ACCESS	ACCT #420 - ARC. AND STOR. - 5.31.22	63.95
			147.84

002082			
002082	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 7/22	88,412.00
			88,412.00
002083			
002083	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - FAMILY 7/22	65,697.00
002083	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - SINGLE 7/22	12,882.48
002083	WESTPORT INSURANCE CORP	AGGREGATE REINSURANCE 7/22	3,208.56
			81,788.04
W0722			
W0722	DEPARTMENT OF TREASURY	PCORI FEES 7/22	10,480.40
			10,480.40
		Total Payments FY 2022	806,370.67
		TOTAL PAYMENTS ALL FUND YEARS	806,370.67

Chairperson

Attest:

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Dated: _____

Treasurer

Central Jersey Municipal Employee Benefits Fund										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2022 Month Ending: May										
	Medical	Dental	Rx	Vision	Medicare Advantage	Reinsurance	DMO Premiums	Future	Admin	TOTAL
OPEN BALANCE	7,350,061.86	780,392.61	4,132,753.04	55,103.53	4,717,806.14	34,104.43	12,748.54	0.00	(171,165.70)	16,911,804.45
RECEIPTS										
Assessments	2,728,364.83	118,629.39	556,235.24	1,816.38	252,491.09	139,857.68	2,548.74	0.00	211,198.51	4,011,141.86
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	12,021.75	1,076.80	6,373.53	75.90	6,492.21	155.04	17.37	0.00	364.57	26,577.17
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	12,021.75	1,076.80	6,373.53	75.90	6,492.21	155.04	17.37	0.00	364.57	26,577.17
Other *	65,350.55	1,891.05	651,687.40	0.00	0.00	0.00	0.00	0.00	0.00	718,929.00
TOTAL	2,805,737.13	121,597.24	1,214,296.17	1,892.28	258,983.30	140,012.72	2,566.11	0.00	211,563.08	4,756,648.03
EXPENSES										
Claims Transfers	3,044,206.09	126,360.93	796,154.35	0.00	0.00	0.00	0.00	0.00	0.00	3,966,721.37
Expenses	3,109,331.52	0.00	0.00	0.00	0.00	170,810.15	0.00	0.00	336,961.47	3,617,103.14
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	6,153,537.61	126,360.93	796,154.35	0.00	0.00	170,810.15	0.00	0.00	336,961.47	7,583,824.51
END BALANCE	4,002,261.38	775,628.92	4,550,894.86	56,995.81	4,976,789.44	3,307.00	15,314.65	0.00	(296,564.09)	14,084,627.97

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Central Jersey Municipal Employee Benefits Fund									
Month		May							
Current Fund Year		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid May	Monthly Recoveries May	Calc. Net Paid Thru May	TPA Net Paid Thru May	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2022	Medical	6,561,263.55	2,203,083.17	0.00	8,764,346.72	0.00	8,764,346.72	6,561,263.55	2,203,083.17
	Dental	448,921.17	125,179.23	0.00	574,100.40	0.00	574,100.40	448,921.17	125,179.23
	Rx	2,257,239.09	561,791.10	0.00	2,819,030.19	0.00	2,819,030.19	2,257,239.09	561,791.10
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	9,267,423.81	2,890,053.50	0.00	12,157,477.31	0.00	12,157,477.31	9,267,423.81	2,890,053.50

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS					
Central Jersey Municipal Employee Benefits Fund					
ALL FUND YEARS COMBINED					
CURRENT MONTH	May				
CURRENT FUND YEAR	2022				
	Description:	N.J.C.M.F.	Investments	Ocean First Admin.	
	ID Number:				
	Maturity (Yrs)				
	Purchase Yield:				
	TO TAL for All				
Accts & instruments					
Opening Cash & Investment Balance	\$16,911,804.09	0	7601439.65	9310364.443	
Opening Interest Accrual Balance	\$2,186.65	0	2186.653	0	
1	Interest Accrued and/or Interest Cost	\$1,335.12	\$0.00	\$1,335.12	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$1,865.91	\$0.00	-\$776.92	\$2,642.83
6	Interest Paid - Term Instr.s	\$468.75	\$0.00	\$468.75	\$0.00
7	Realized Gain (Loss)	\$24,242.50	\$0.00	\$24,242.50	\$0.00
8	Net Investment Income	\$27,443.53	\$0.00	\$24,800.70	\$2,642.83
9	Deposits - Purchases	\$4,730,070.85	\$0.00	\$0.00	\$4,730,070.85
10	(Withdrawals - Sales)	-\$7,583,824.51	\$0.00	\$0.00	-\$7,583,824.51
Ending Cash & Investment Balance		\$14,084,627.59	\$0.00	\$7,625,373.98	\$6,459,253.61
Ending Interest Accrual Balance		\$3,053.02	\$0.00	\$3,053.02	\$0.00
Plus Outstanding Checks		\$2,801,136.55	\$0.00	\$0.00	\$2,801,136.55
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$16,885,764.14	\$0.00	\$7,625,373.98	\$9,260,390.16



CENTRAL JERSEY HEALTH INSURANCE FUND

Monthly Claim Activity Report

July 20, 2022



CENTRAL JERSEY HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2021	# OF EES	PER EE	MEDICAL CLAIMS PAID 2022	# OF EES	PER EE
JANUARY	\$2,525,722	1,600	\$ 1,579	\$2,880,916	2158	\$1,335
FEBRUARY	\$1,782,274	1,595	\$ 1,117	\$2,916,816	2143	\$1,361
MARCH	\$2,242,793	1,600	\$ 1,402	\$3,647,050	2139	\$1,705
APRIL	\$1,950,954	1,603	\$ 1,217	\$3,059,121	2140	\$1,429
MAY	\$2,074,353	1598	\$ 1,298	\$3,475,512	2123	\$1,637
JUNE	\$2,464,841	1,595	\$ 1,545			
JULY	\$1,842,582	1,573	\$ 1,171			
AUGUST	\$2,337,237	1,564	\$ 1,494			
SEPTEMBER	\$1,997,210	1,565	\$ 1,276			
OCTOBER	\$2,228,242	1,565	\$ 1,424			
NOVEMBER	\$2,237,858	1,567	\$ 1,428			
DECEMBER	\$2,368,687	1,558	\$ 1,520			
TOTALS	\$26,052,753			\$15,979,415		
				2022 Average	2,141	\$ 1,494
				2021 Average	1,582	\$ 1,373

Large Claimant Report (Drilldown) - Claims Over \$50000

Plan Sponsor Unique ID : All
Customer: Central Jersey Health Insurance Fund
Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223

Paid Dates: 04/01/2022 - 04/30/2022
Service Dates: 01/01/2011 - 04/30/2022
Line of Business: All

	Billed Amt	Paid Amt
	\$64,350.00	\$58,324.00
	\$135,360.00	\$57,189.58
	\$64,311.51	\$55,736.74
	\$233,599.76	\$52,501.38
	\$98,933.71	\$51,689.25
	\$167,858.36	\$51,648.99
Total:	\$764,413.34	\$327,089.94

Large Claimant Report (Drilldown) - Claims Over \$50000

Plan Sponsor Unique ID : All
Customer: Southern Coastal Health Insurance Fund
Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223

Paid Dates: 05/01/2022 - 05/31/2022
Service Dates: 01/01/2011 - 05/31/2022
Line of Business: All

	Billed Amt	Paid Amt
	\$472,325.57	\$119,629.04
	\$125,984.84	\$70,235.57
	\$74,559.00	\$59,910.93
	\$66,811.91	\$59,003.70
	\$135,406.01	\$52,988.96
	\$336,273.12	\$50,852.97
Total :	\$1,211,360.45	\$412,621.17



**Medical Claims Paid Per Member:
January 2022- May 2022**

Total Medical Paid per EE: **\$1,494**

Network Discounts

Inpatient: **64.4%**
Ambulatory: **64.9%**
Physician/Other: **65.4%**
TOTAL: 65.0%

Provider Network

% Admissions In-Network: **98.6%**
% Physician Office: **89.4%**

Aetna Book of Business:
Admissions 98.4%; Physician 89.9%

**Top Facilities Utilized
(by total Medical Spend)**

- Monmouth Medical Center
- Community Medical Center
- Jersey Shore Medical
- Riverview Medical Center
- RWJUH New Brunswick

**Catastrophic Claim Impact
(January 2022 – May 2022)**

Number of Claims Over \$50,000: **35**
Claimants per 1000 members: **6.6**
Avg. Paid per Claimant: **\$114,808**
Percent of Total Paid: **27.2%**
• Aetna BOB- HCC account for an
average of 41.0% of total Medical Cost

**Aetna One Flex Member Outreach:
Through May 2022**

Total Members Identified: **780**
Members Targeted for 1:1 Nurse
Support : **110**
Members Targeted for Digital Activity:
670
Member 1:1 outreach completed:
107
Member 1:1 Outreach in Progress: **3**

**Teladoc Activity:
January 2022– May 2022**

Total Registrations: **84**
Total Online Visits: **147**
Total Net Claims Savings: **\$63,397**
Total Visits w/ Rx: **115**
Mental Health Visits: **3**
Dermatology Visits: **3**

**Allentown Service Center
Performance Goal Metrics YTD 2022**

Customer Service Performance

1st Call Resolution: **93.7%**
Abandonment Rate: **1.84%**
Avg. Speed of Answer: **37.8 sec**

Claims Performance

Financial Accuracy: **99.96%**
-
90% processed w/in: **13.8 days**
95% processed w/in: **30.0 days**

**Claims Performance (Monthly)
(June 2022)**

90% processed w/in: **9.3 days**
95% processed w/in: **18.4 days**
(Note: This is not a PG metric)

Performance Goals

1st Call Resolution: 90%
Abandonment Rate less than: 3.0%
Average Speed of Answer: 30 sec

Financial Accuracy: 99%
Turnaround Time
90% processed w/in: 14 days
95% processed w/in: 30 days

COVID-19 population alerts

Hot Spots In the United States - Map (to the right)

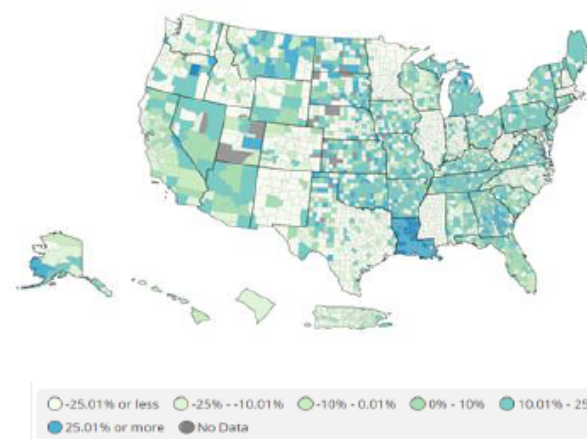
The map shows how the number of new cases have CHANGED in the last two weeks across the U.S. (not plan sponsor-specific). This provides an indication of which direction the level of new cases is trending.

County Alerts (below)

The tables below show the average daily new cases per 100,000 individuals by county over the past 7 days. These rates are reflective of the overall population of the county, not of your specific membership. We are providing this information to inform you where you have membership in counties that are experiencing a high or emerging rate of new cases.

The CDC collects new case counts at the county level. We are using this information to calculate a "7 day average new case count." This data is then normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, often caused by data collection fluctuations.

The county information below is for your top 25 counties (by membership) which have been identified as having either a high (>25) or emerging (10-24) average daily case rate. Note: There could be less than 25 counties in the tables or none at all if the alert criteria is not met in counties where you have membership.



Heat map of recent growth by county: This map shows the percentage change in cases between the last seven days and the previous seven days. Darker colors indicate an increasing trend while lighter colors indicate a decreasing trend. Last Updated: 07/04/2022 | Source: CDC

High risk counties (red) had greater than 25 daily new cases per 100,000 people last week

Emerging risk counties (orange) had between 10 and 25 daily new cases per 100,000 people last week

Scroll to the end of this report for a list of the top 50 counties with the highest average daily new case counts where you have membership

High Risk (>=25 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Monmouth	618,795	1,053	28.0
NJ, Middlesex	825,062	759	31.6
NJ, Somerset	328,934	155	29.4
NJ, Mercer	367,430	62	31.5
NJ, Burlington	445,349	35	25.4
SC, Horry	354,081	32	34.7
NJ, Union	556,341	19	32.0
NJ, Atlantic	263,670	15	25.7
FL, Lee	770,577	13	77.0
NJ, Essex	798,975	12	34.7
FL, Collier	384,902	11	57.0
SC, Berkeley	227,907	8	34.6
FL, Palm Beach	1,496,770	7	85.8
PA, Bucks	628,270	7	26.0
FL, Seminole	471,826	6	76.0
FL, Broward	1,952,778	5	109.7
FL, Polk	724,777	5	114.7
GA, Forsyth	244,252	5	25.4
FL, Indian River	159,923	5	80.4
NJ, Cape May	92,039	5	29.8
FL, Monroe	74,228	5	88.2
FL, Marion	365,579	4	74.5
NC, Craven	102,139	4	36.9
OH, Delaware	209,177	4	25.8
FL, Pinellas	974,996	4	88.3

Emerging Risk (10-24 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Ocean	607,186	2,785	24.6
NJ, Hunterdon	124,371	59	23.7
NJ, Warren	105,267	35	17.6
MA, Norfolk	706,775	5	20.2
NJ, Sussex	140,488	3	22.7
NC, Henderson	117,417	3	21.4
SC, Oconee	79,546	3	20.7
PA, Carbon	64,182	2	19.1
SC, Colleton	37,677	2	12.5
PA, Monroe	170,271	2	23.4
VA, Augusta	75,558	2	14.2
NJ, Gloucester	291,636	2	20.3
VT, Windsor	55,062	2	14.3
PA, Bradford	60,323	2	17.8
PA, Chester	524,989	1	20.7
VA, Winchester city	28,078	1	22.4
VT, Washington	58,409	1	16.9
PA, Philadelphia	1,584,064	1	19.7
NJ, Camden	506,471	1	22.7
DE, Sussex	234,225	1	22.3
DE, Kent	180,786	1	25.0
NV, Douglas	48,905	1	19.3







COVID-19 Claims Activity

What claims have been adjudicated for COVID-19 related diagnoses and/or testing?

Use these insights to:

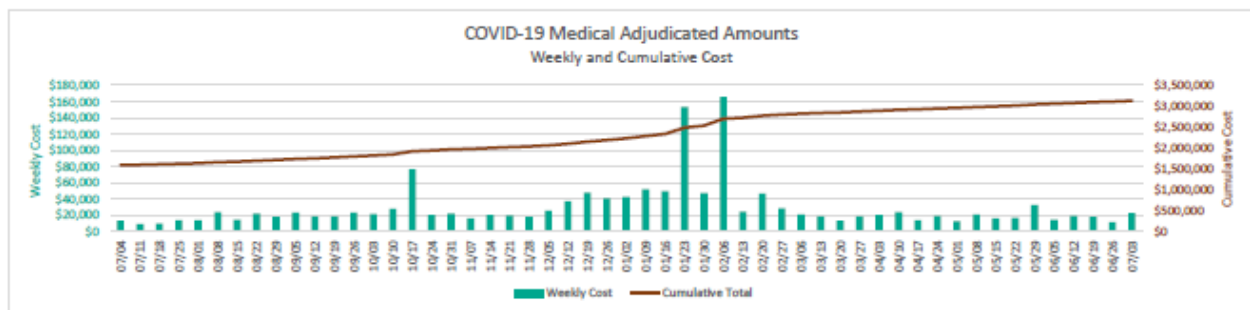
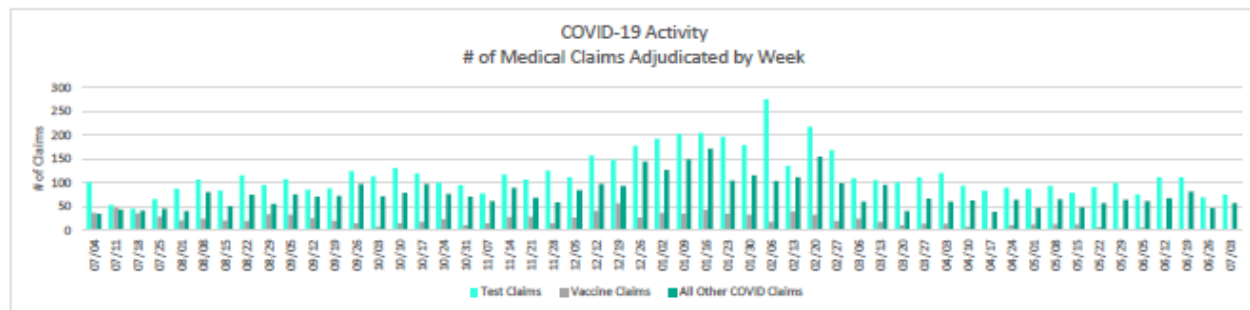
- ✓ Monitor estimated weekly plan expenses associated with COVID-19
- ✓ Understand the relative impact on overall claim spend

At a glance

COVID-19 paid		Number of Claims		Unique Claimants <i>(claimants may be counted in each category)</i>		
						
	COVID-19 paid	Tests	Vaccine	Tests	Vaccine Administration*	All Other Claims
Current Week	\$22,605	75	3	70	3	48
3/01/20 - 7/03/22	\$3,130,041	12,669	2,823	3,440	1,469	2,817

*Vaccine data includes medical and pharmacy for Aetna administered plans

How does this week compare to previous weeks?



CENTRAL JERSEY HEALTH INSURANCE FUND - 31714

COVID-19 Weekly Update

Group Number(s): 143735,659552,737415,866354



Actual paid claim amounts may vary from this report once claims are finalized.
The information in this report is intended to provide weekly insights as a leading indicator based on the information available, which may differ from final results.
Data in this report is from March 1, 2020 to current (excluding graphs)


Telemedicine Monitor

What is the recent Telemedicine claims activity?

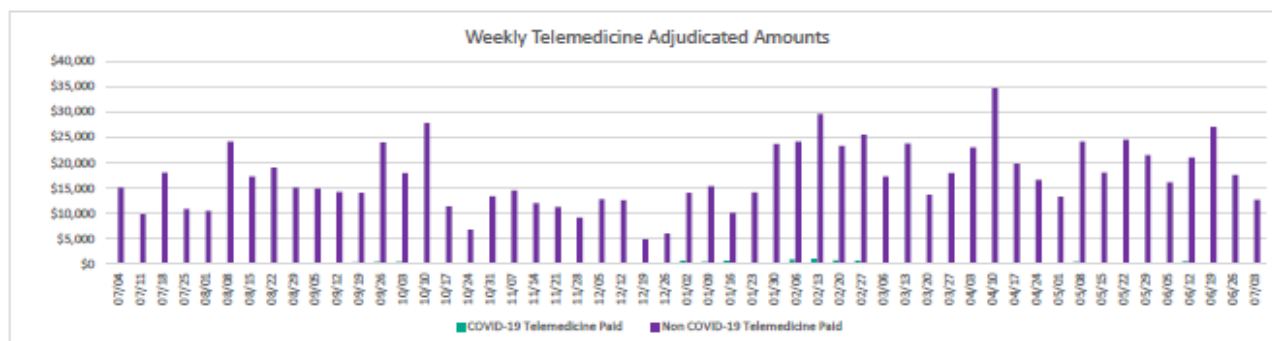
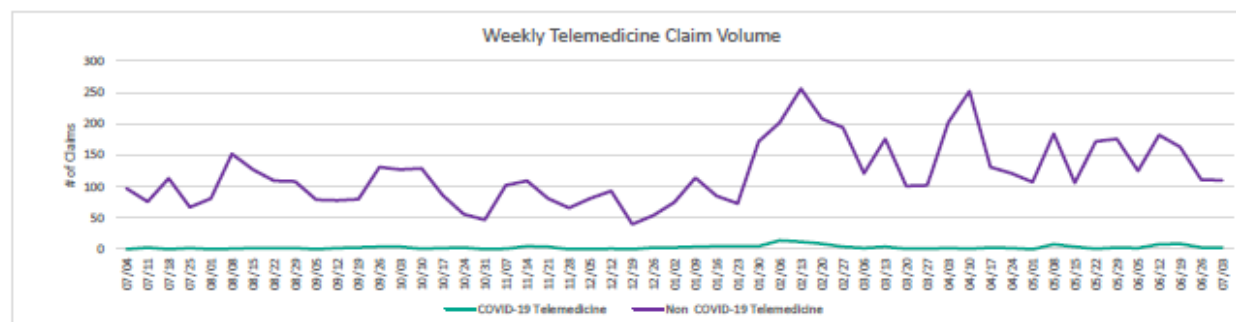
Use these insights to

- ✓ Review monthly growth of both Teladoc and community based providers providing approved telemedicine services
- ✓ Understand trends driven by COVID-19 related claims versus overall utilization for non-virus related conditions

At a glance

				
	COVID-19 telemedicine paid	Non COVID-19 telemedicine paid	COVID-19 telemedicine claims	Non COVID-19 telemedicine claims
Current Week	\$277	\$12,667	3	110
3/01/20 - 7/03/22	\$38,157	\$1,973,155	516	15,158

How is Telemedicine changing over time?



Total Weekly Adjudicated Medical Claims

What is the overall adjudicated claim activity on a weekly basis?

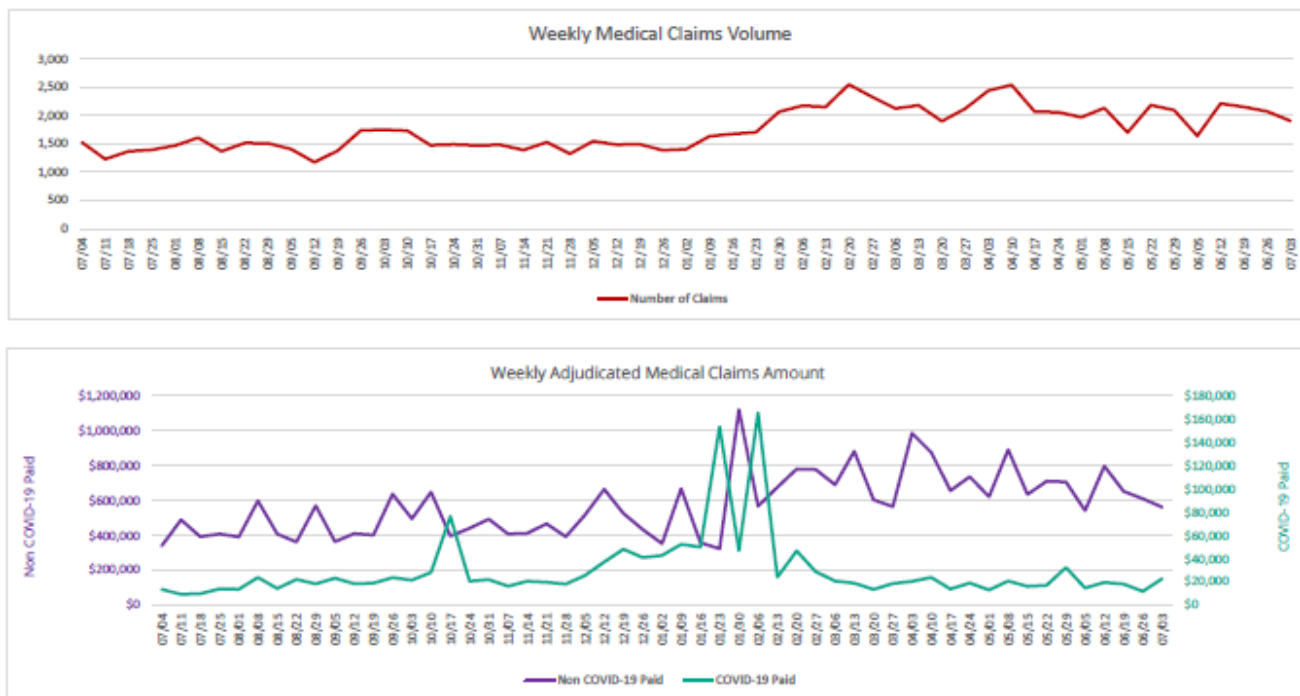
Use these insights to:

- ✓ Monitor weekly changes in claim levels for COVID-19 vs. other claim expenses
- ✓ Review how weekly claims are trending compared to anticipated levels or prior year experience

At a glance

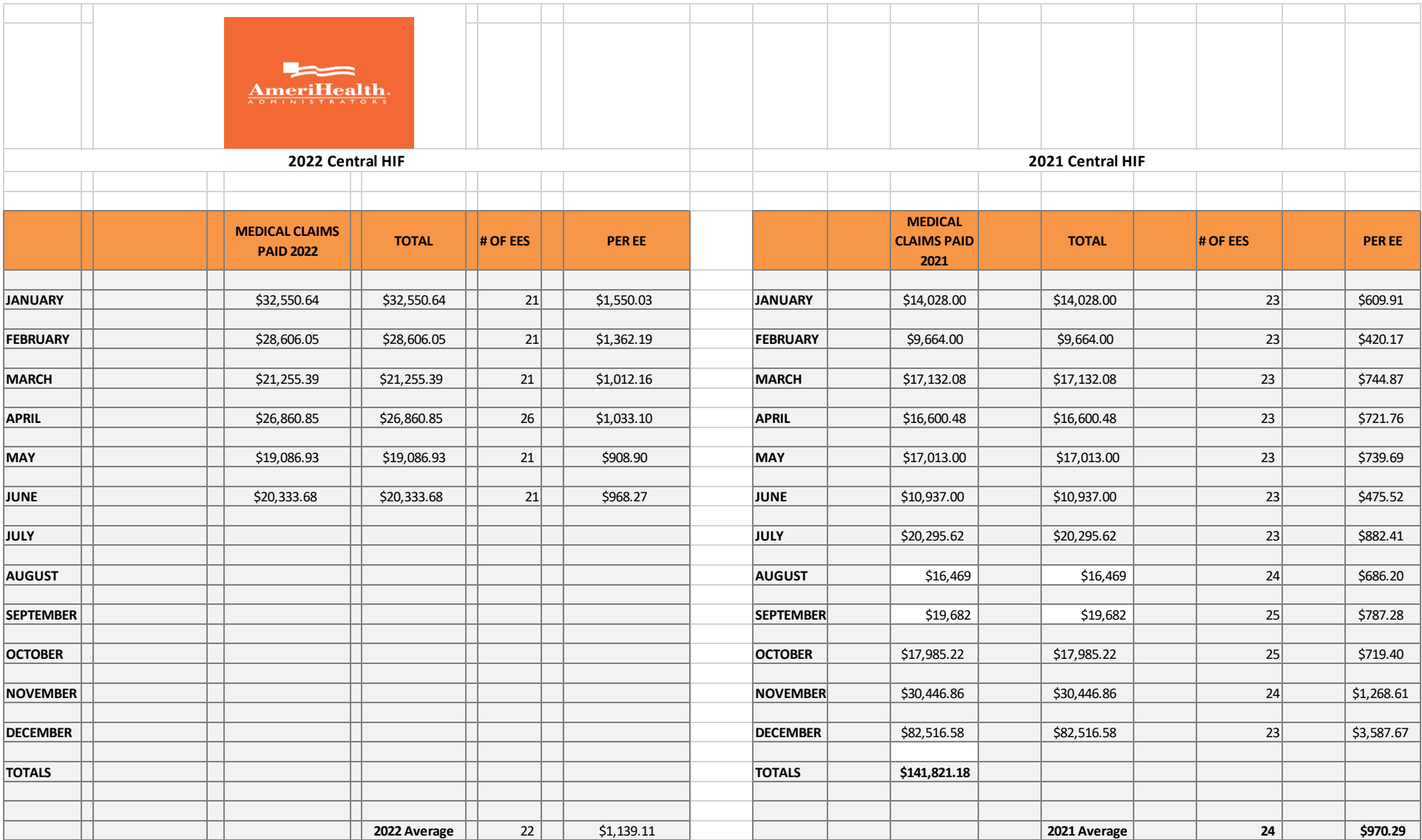


How does this week compare to previous weeks?





AmeriHealth®
ADMINISTRATORS




CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Incurred between 3/1/2020 and 7/11/2022 and Paid between 3/1/2020 and 7/11/2022

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, 91304, 91305, 91306, 91307, C9803, G2023, G2024, J0248, M0201, M0220, M0221, M0222, M0223,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	3	3	\$195.84	\$65.28	\$17.80
1-5	5	14	\$1,442.28	\$103.02	\$13.23
6-18	13	51	\$5,849.30	\$114.69	\$13.89
19-25	3	12	\$1,221.03	\$101.75	\$9.85
26-39	9	38	\$5,958.50	\$156.80	\$24.42
40-64	25	107	\$16,660.00	\$155.70	\$21.95
65+	1	7	\$656.00	\$93.71	\$25.23
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	20	105	\$14,106.78	\$134.35	\$22.39
Spouse	13	46	\$9,167.72	\$199.30	\$23.33
Dependent	24	81	\$8,708.45	\$107.51	\$12.98

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	30	157	\$22,712.43	\$144.67	\$24.93
Male	27	75	\$9,270.52	\$123.61	\$11.84
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	57	232	\$31,982.95	\$137.86	\$18.88

Summary by Service Type - Outpatient and Professional Claims

Service Types are Limited to: Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Office Physician Visit, Other Physician Visit, Emergency Room With Observation Bed, and Observation Bed

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	3	5	\$7,203.83	\$1,440.77	\$4.25
Emergency Room With Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	6	7	\$918.86	\$131.27	\$0.54
Pathology (Laboratory)	51	146	\$14,564.71	\$99.76	\$8.60
Telemedicine	3	4	\$345.72	\$86.43	\$0.20
Urgent Care	20	47	\$7,781.30	\$165.56	\$4.59

Inpatient Cost and Utilization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
1-5	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
6-18	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
19-25	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
26-39	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
40-64	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
65+	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
Unknown	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Southern Ocean Medical Center	16	27	\$5,849.48	\$216.65	\$3.45
GENESIS LABORATORY MANAGEMENT	8	16	\$4,306.50	\$269.16	\$2.54
Labcorp Raritan	32	46	\$4,215.59	\$91.64	\$2.49
AtlantiCare Physician Group	10	21	\$3,590.43	\$170.97	\$2.12
Atlanticare Regional Medical Center	1	1	\$1,638.78	\$1,638.78	\$0.97
SUMMIT MEDICAL GROUP PA	6	10	\$1,607.08	\$160.71	\$0.95
EMEDICAL OFFICES	1	6	\$1,332.00	\$222.00	\$0.79
Pediatric Affiliates PA	6	20	\$988.09	\$49.40	\$0.58
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$0.50
Quest Diagnostics Inc	7	8	\$742.13	\$92.77	\$0.44
Bio Reference Laboratory Inc	3	4	\$670.00	\$167.50	\$0.40
Marlboro Medical Center LLC	2	3	\$636.59	\$212.20	\$0.38
MVP Medical Associates	2	4	\$530.00	\$132.50	\$0.31
Jersey Irish Medical	2	3	\$435.00	\$145.00	\$0.26
Minute Clinic Dgnstc Of New Jersey L	13	23	\$412.94	\$17.95	\$0.24
THERANOSTIX INC	1	2	\$400.00	\$200.00	\$0.24
CentraState Family Medicine Residency Practice	1	1	\$326.04	\$326.04	\$0.19
Atlantic Emergency Assoc Pa	1	1	\$324.20	\$324.20	\$0.19
TEMPUS LABS INC.	3	3	\$300.00	\$100.00	\$0.18
Urgent Care Physicians of New Jersey Llc	1	4	\$280.00	\$70.00	\$0.17
RWJBH Primary Care Services	1	2	\$247.55	\$123.78	\$0.15
	3	3	\$223.87	\$74.62	\$0.13
ATLANTICARE CLINICAL LABORATOR	2	2	\$218.00	\$109.00	\$0.13
AEGIS SCIENCES CORPORATION	2	2	\$200.00	\$100.00	\$0.12
Accu Reference Medical Lab	1	1	\$200.00	\$200.00	\$0.12

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91303, 91305, 91306, 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	3rd Dose Vaccine CLAIMANT COUNT	Booster Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	0	0	\$0.00	
1-5	0	0	0	0	0	\$0.00	
6-18	0	2	0	0	1	\$139.24	\$46.41
19-25	0	1	0	0	0	\$94.38	\$94.38
26-39	0	1	0	0	0	\$94.34	\$94.34
40-64	0	7	1	0	0	\$355.94	\$44.49
65+	0	1	0	0	0	\$39.00	\$39.00
Unknown	0	0	0	0	0	\$0.00	

COVID19 Claims for Urgent Care and Retail Clinics Only

Urgent Care

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	6	8	\$1,625.00	\$270.83
19-25	1	4	\$584.52	\$584.52
26-39	4	9	\$1,952.00	\$488.00
40-64	9	23	\$3,209.30	\$356.59
65+	1	3	\$410.48	\$410.48
Unknown	0	0	\$0.00	\$0.00

Retail Clinic

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	0	0	\$0.00	\$0.00
19-25	0	0	\$0.00	\$0.00
26-39	0	0	\$0.00	\$0.00
40-64	0	0	\$0.00	\$0.00
65+	0	0	\$0.00	\$0.00
Unknown	0	0	\$0.00	\$0.00



EXPRESS SCRIPTS®

Central Jersey Health Insurance Fund

Total Component/Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q1	2021 04	2021 05	2021 06	2021 Q2	2021 07	2021 08	2021 09	2021 Q3	2021 10	2021 11	2021 12	2021 Q4	2021 YTD
Membership	3,126	3,118	3,129	3,124	3,133	3,130	3,120	3,128	3,127	3,071	3,091	3,096	3,080	3,089	3,087	3,085	3,108
Total Days	118,409	109,552	127,836	355,797	120,113	135,386	117,483	372,982	111,788	123,980	119,494	355,262	111,939	118,519	116,928	347,386	1,431,427
Total Patients	1,072	999	1,130	1,670	1,090	1,176	1,119	1,714	1,119	1,125	1,115	1,733	1,119	1,139	1,166	1,740	2,418
Total Plan Cost	\$493,344	\$604,746	\$621,560	\$1,719,649	\$580,492	\$695,641	\$557,038	\$1,833,171	\$534,820	\$635,822	\$608,084	\$1,778,725	\$598,566	\$484,145	\$627,854	\$1,710,565	\$7,042,110
Generic Fill Rate (GFR) - Total	84.9%	84.1%	82.8%	83.9%	84.1%	85.3%	84.1%	84.6%	85.6%	85.1%	85.0%	85.2%	84.3%	86.1%	86.2%	85.6%	84.8%
Plan Cost PMPM	\$157.82	\$193.95	\$198.64	\$183.47	\$185.28	\$222.25	\$178.54	\$195.37	\$171.03	\$207.04	\$196.73	\$191.49	\$194.34	\$156.73	\$203.39	\$184.81	\$188.79
Total Specialty Plan Cost	\$187,077	\$274,690	\$244,301	\$706,068	\$228,316	\$327,857	\$223,147	\$779,320	\$204,468	\$264,380	\$270,664	\$739,512	\$236,264	\$181,447	\$280,003	\$697,713	\$2,922,613
Specialty % of Total Specialty Plan Cost	37.9%	45.4%	39.3%	41.1%	39.3%	47.1%	40.1%	42.5%	38.2%	41.6%	44.5%	41.6%	39.5%	37.5%	44.6%	40.8%	41.5%

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	3,065	3,062	3,057	3,061	3,060	3,064											
Total Days	122,232	107,114	122,882	352,228	109,432	115,499											
Total Patients	1,137	1,061	1,187	1,747	1,099	1,129											
Total Plan Cost	\$562,573	\$566,743	\$679,165	\$1,808,480	\$529,645	\$571,233											
Generic Fill Rate (GFR) - Total	85.7%	84.9%	86.7%	85.8%	86.4%	86.0%											
Plan Cost PMPM	\$183.55	\$185.09	\$222.17	\$196.92	\$173.09	\$186.43											
% Change Plan Cost PMPM	16.3%	-4.6%	11.8%	7.3%	-6.6%	-16.1%											
Total Specialty Plan Cost	\$188,196	\$264,065	\$337,295	\$789,556	\$225,808	\$251,935											
Specialty % of Total Specialty Plan Cost	33.5%	46.6%	49.7%	43.7%	42.6%	44.1%											

PMPM	
Q1 2021	\$183.47
Q1 2022	\$196.92
Trend - 2022 YTD	7.3%

CENTRAL JERSEY HEALTH INSURANCE FUND
CONSENT AGENDA
June 20, 2022

The following Resolutions listed on the Consent Agenda will be enacted in one motion. Copies of all Resolutions are available to any person upon request. Any Commissioner wishing to remove any Resolution(s) to be voted upon, may do so at this time, and said Resolution(s) will be moved and voted separately.

Resolutions

Subject Matter

Motion_____

Second_____

Resolution 21-22: Approval of the June and July 2022 Bills Lists**Page 38**

RESOLUTION NO. 21-22

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPROVAL OF THE JUNE AND JULY BILLS LISTS**

WHEREAS, the Central Jersey Health Insurance Fund held a Public Meeting on **July 20, 2022** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of May for consideration and approval of the Executive Committee; and

WHEREAS, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of May for all Fund Years for consideration and approval of the Executive Committee; and

WHEREAS, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

NOW THEREFORE BE IT RESOLVED the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for June and July 2022 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

NOW, THEREFORE BE IT FURTHER RESOLVED, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: July 20, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

CENTRAL JERSEY HEALTH INSURANCE FUND
OPEN MINUTES
May 18, 2022
ZOOM MEETING
1:30 PM

Meeting called to order by Chairman Thomas Nolan. The Open Public Meeting notice read into record.

PLEDGE OF ALLEGIANCE

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2022 EXECUTIVE COMMITTEE

Thomas Nolan	Chair – Borough of Brielle	Present
Brian Brach	Secretary– Manasquan RRSA	Present
Diane Lapp	Executive Committee – Township of Manchester	Absent
Donato Nieman	Executive Committee – Montgomery Township	Present
Brian Valentino	Executive Committee– Western Monmouth MUA	Absent
Brian Dempsey	Executive Committee – Spring Lake Borough	Absent
Peter O'Reilly	Executive Committee – Borough of Lakewood	Present
Louis Amoruso	Executive Committee Alternate – Toms River	Absent
Angela Morin	Executive Committee Alternate – Aberdeen	Absent

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics Emily Koval Jordyn DeLorenzo	Absent Present Present
Program Manager	Conner Strong & Buckelew	Crystal Bailey Lane Hindman	Present Present
Attorney	Berry, Sahradnik, Kotzas & Benson	Jack Sahradnik	Present
Treasurer		Stephen Mayer	Present
Network & Medical Claims Service	Aetna	Jason Silverstein	Present
Network & Medical Claims Service	AmeriHealth	Kristina Strain	Absent
Dental Claims Service	Delta Dental	Brian Remlinger	Present
Rx Administrator	Express Scripts	Charles Yuk	Present
Auditor	Mercadien	Matthew Daly	Present

OTHERS PRESENT:

Jack Hammell
Brooke Frapwell
Cliff Keen
Danskin Agency
Jacque Maddren

Jim Diaz
John Lajewski
Kenneth Duffy
Megan Matale
Michele Clark
Robert Ferragina
Sarah Zimmer-Scarpelli
Scott Davenport
Tom Flarity

APPROVAL OF MINUTES: MARCH 16, 2022 OPEN:

MOTION TO APPROVE OPEN MINUTES OF MARCH 16, 2022

MOTION:	Commissioner Nieman
SECOND:	Commissioner Brach
VOTE:	All in Favor

CORRESPONDENCE: None

EXECUTIVE DIRECTOR'S REPORT

PRO FORMA REPORTS

Mrs. Koval reviewed the Financial Fast Track Report as of February 28, 2022. She stated that the fund received the annual IBNR certification from the fund actuary. There is a large IBNR adjustment for both Lakewood Twp and the rest of the members due to the Aetna Claims Processing slow down as discussed in the last meeting. The financials are also showing a catch up from the 2021 claims process. The Claims are about 10% under budget but the IBNR number jumped up.

AUDITOR AND ACTUARY YEAR-END REPORTS

Mrs. Koval stated that a draft of the Fund Year 2021 Audit, performed by the Fund auditor, Mercadian, was sent out prior to this meeting. Matthew Daly from Mercadien spoke about the scope of services, the audit process and the results. Mr. Daly stated that there was a clean opinion in accordance with the GAP basis of accounting. He was happy to report there were no finding to report for the government audits standards.

Jack Hammell from Mercadian reviewed the financial highlights in the audit. He stated there were no management recommendations or findings.

Chairman Nolan thanked the Auditors for their work.

Mrs. Koval stated that Resolution 17-22 approving and authorization to file with the state is included in the consent agenda, along with the affidavit to be signed by all present Commissioners.

REQUESTS FOR PROPOSALS

Mrs. Koval explained that the following positions expire on December 31, 2022: Actuary, Auditor, Attorney, Treasurer. Under the Local Public Contracts law, The Fund has the option to extend these professional service contracts for one additional year, which will be the 2nd and final extension and

RFP next year, or the Committee may choose to RFP this year. The Finance and Contracts Committee recommended to extend the contracts another year.

**MOTION TO EXTEND THE PROFESSIONAL SERVICE CONTRACTS FOR ONE
ADDITIONAL YEAR**

MOTION:	Commissioner Nieman
SECOND:	Commissioner Brach
VOTE:	All in Favor

AMERIHEALTH PERFORMANCE GUARENTEE PAYOUT

Mrs. Koval stated that the Fund received a performance guarantee payout in the amount of \$11,360 for missing the Average Speed of Answer metric.

IBNR CERTIFICATION

Mrs. Koval stated that enclosed is the Fund Actuary's IBNR certification, which reflects the changes to the IBNR that had been discussed at the previous meetings.

LAKEWOOD DIVIDEND

Mrs. Koval stated that the below dividend availability was presented to Lakewood in response to their request to receive a dividend from their closed year balance. The Township has requested to receive a dividend from its own closed year accounting in the amount of \$2,800,000. The Finance Committee reviewed prior to the meeting.

Resolution 19-22 ratifies the decision.

Lakewood Township	
Closed Year Surplus as of 12/31/2021	\$5,478,468
Recommended 2.5 Months of Claims	\$2,503,769
Available for Dividend	\$2,974,699

WELLNESS APPLICATIONS

Mrs. Koval reviewed the revised wellness chart below. The Wellness Committee has approved two additional applications from Montgomery and Lakewood. The below has been updated with these two applications and Revised Resolution 13-22 is in consent.

Group Name	Biometric Screenings (option 1)	Option 2 (Tavi Challenges)	Option 3 (Wellness Days)	Option 4 (EAP)	Option 5 - Build own	Wellness Champion Stipend	Total	Notes
Oceanport				X		\$0.00	\$3,780.00	Preferred Behavior EHP plan for all employees; ALREADY APPROVED
Bedminster		X			X	\$0.00	\$6,500.00	Tavi challenges and Health Lunch Kickoff; ALREADY APPROVED
Highlands BOE					X	\$0.00	\$2,500.00	Wellness Bingo Challenges, Chair Massages, Acupuncture; body composition testing; ALREADY APPROVED
Brielle Township					X	\$500.00	\$5,911.00	Fall Flu Shot Clinic; motivational speaker; walking challenges and incentives; ALREADY APPROVED
Plumsted					X	\$500.00	\$3,167.50	Fall Flu Shot Clinic thru Health Fairs Direct; walking challenges and prizes; ALREADY APPROVED
Aberdeen					X	\$2,100.00	\$19,314.00	Healthy Lunch; gym challenges; 5K runs; Mayors cup softball; pedometers; yoga, tai chi; stand up tops for desks, peddle desk/sitting balls; ALREADY APPROVED
Atlantic Highlands					X	\$0.00	\$9,550.00	Medication review, glucose/AC1 hcecks at local pharmacy; local doc for blood pressure and bone density; gym memberships; incentives; ALREADY APPROVED
Montgomery Twp					X	\$1,000.00	\$9,460.00	Wellness Platform through Wellable; Biometric Screening; Farm Share; Challenges; Wellness Fair
Lakewood Twp						\$1,500.00	\$15,500.00	Health Challenges and Wellnes Fair
Totals							\$60,182.50	
Remainder available for Grants							\$64,817.50	
Total Request for May approval							\$9,460.00	

2020 MRHIF CLAIMS

In February, the MRHIF has paid the majority of its 2020 high claimant reimbursements in the amount of \$6,181,742.18, of which the CJHIF received \$ 535,905.92. The MRHIF expects to close this year in June with no outstanding liabilities to the Funds.

FINANCIAL DISCLOSURE STATEMENTS

The Financial Disclosure notices have been sent. There are 6 Fund Commissioners who have not yet filed. Please do so ASAP to avoid a fine.

GASB 75 REPORTS

The Fund contracts with an Actuary to provide GASB 75 reports on behalf of its medical members. Please reach out to Emily Koval if your audit requires a full report or update to last year's report. During its 'busy' season, reports can take up to 4 weeks to turn around.

PERMA EMAILS

PERMA has created two new emails that we will be utilizing for different means:

HIFAdmin@permainc.com will be used for agendas and large distribution emails.

HIFFinance@permainc.com will be used for vouchers and invoices. Please send your invoices by the 5th of the month to assure it is paid in the most current month's Bills List.

Members will begin to see communications from these emails soon.

Program Manager's Report

Program Manager Crystal Bailey reviewed the agenda reports.

COVERAGE UPDATES:

Ms. Bailey stated that there are no new updated and just as a reminder, she mentioned in the last meeting there that the FDA has approved 2 oral antiviral medications for Emergency Use Authorizations and the information on those are included in the agenda.

EXPRESS-SCRIPTS UPDATE

National Preferred Formulary Update (NPF) - ESI announced their formulary changes effective July 1, 2022. There are 2 CJHIF members impacted by the changes. Impacted members will receive notification from ESI in early June that include equivalent alternatives and are encouraged to discuss them with their physician. Prior authorization approval will be needed in order to remain on the excluded covered drug after July 1, 2022. Please reference Formulary Changes List and updated National Preferred Formulary that will take effect July 1, 2022, provided with PM report. Email notification was sent to brokers on April 14th.

OPERATIONAL UPDATES:

Delta Dental

Ms. Bailey stated that we are recommending HIF groups with Delta Dental PPO plans with preventative exams frequencies other than 2 times per calendar year change the frequency to 2 times per calendar year. This will avoid claims being denied when a visit is made within the same calendar year sooner than six months from the last exam. Please note this does not apply to groups with Flagship DHMO and/or DeltaCare USA plans as they are state filed plans and cannot be altered. Currently CJHIF has 14 groups that have a preventive exam frequency other than 2 times per calendar year under their PPO dental plan.

Program Manager recommends the change be effective 7/1/22.

2022 LEGISLATIVE REVIEW

Program Manager Bailey Reviewed the COVID 19 updates that are listed in detail in the agenda.

COVID -19

4. National Emergency Declaration- Extended through July 15, 2022
5. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

- o Date- Starting on January 15, 2022, going forward
- o Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- o Dollar Limit- Up to \$12 per taste
- o Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have 8 tests mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll-free number available to requests tests, 800-232-0233 (TTY 888-720-7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

ESI Highlights:

- o Point of service option is now available for members to get tests at the pharmacy counter.
- o Mail order options is also available through ESI.
 - o Ordering for more than one participant must be done separately.
- o ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- o Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

6. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

NJ State Form – Retiree Health Benefits Surcharge

Brokers and groups should complete the form with the following information:

Administrator Carrier: Central Jersey Health Insurance Fund
Address: 9 Campus Drive, Suite 216, Parsippany NJ 07054
Contract Effective: 7/1/2022-6/30/2023
Contact Name: Emily Koval
Telephone: 201-518-7028

PICORI FEES

Mrs. Bailey stated that the HIF will be paying these fees for the fund.

Mental Health Parity and Addiction Equality Act (MHPAE)

Ms. Bailey stated that nothing has changed since the last meeting but they are watching this very closely so as soon as they receive additional information, they will let everyone know.

Surprise Billing and Transparency – Continued Delays

Ms. Bailey stated that there has been an update from Aetna and Amerihealth.

Both will be providing the HIF with a unique URL, or hyperlink to post to the Fund's public website. The URL/hyperlink will need to be posted to the site by July 1, 2022, or upon the group's renewal date, whichever comes first. The link will automatically refresh each month with any updated information.

The Health Insurance Funds, including Central Jersey protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Central Jersey HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
04/11/22	Medical/ Aetna	CJHIF-2022-04-01	OON services	Upheld	4/22/2022
05/02/22	Medical/ Aetna	CJ-2022-05-01	Experimental	Pending	Pending

TREASURER – Fund Treasurer Steve Mayer reviewed the two bills lists for March, April and May 2022. He stated that approval is in the consent agenda.

ATTORNEY: Mr. Sahradnik stated he has nothing to report.

AETNA: Mr. Silverstein reviewed the claims for February and March 2022. Mr. Silverstein stated there were 4 high cost claimants for February over the threshold of \$50,000 and 7 for March 2022. He also reviewed the dashboard report stating that all metrics continue to perform well with exception to average speed to answer and claims turn around are still above target levels. He stated there is an improvement and they will be working on continuing to improve these numbers monthly. He reviewed the weekly and monthly covid reporting included with the agenda.

AMERIHEALTH: Kristina Strain Absent. Report included in the agenda.

EXPRESS SCRIPTS: Charles Yuk reviewed the claims for Quarter 1, 2022.

DELTA DENTAL: Mr. Remlinger reviewed the Claims Summary and Member Benefits reports from January 2021 to December 2021.

MOTION TO APPROVE THE CONSENT AGENDA WHICH INCLUDES THE FOLLOWING:

Resolution 17-22: 2021 Audit Approval

Resolution 18-22: Closing of Fund Year 2020

Resolution 19-22: Lakewood Dividend Approval

Revised Resolution 13-22: Adopting 2022 Wellness Grant Programs

Resolution 18-22: Approval of the March, April & May 2022 Bills Lists

MOTION:	Commissioner Brach
SECOND:	Commissioner Nieman
ROLL CALL:	4 Ays, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: None

MOTION TO ADJOURN MEETING:

MOTION:	Commissioner Brach
SECOND:	Commissioner Nieman
VOTE:	All in Favor

MEETING ADJOURNED: 2:20 pm

Minutes Prepared by: Jordyn DeLorenzo , Assisting Secretary

Next Meeting: July 20, 2022 1:30 pm, Zoom Meeting